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APPLICANTS

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**** CONTINUING DATA *********** FOREIGN APPLICATIONS *******

JAPAN 2000-397492 12/27/2000

IF REQUIRED, FOREIGN FILING LICENSE GRANTED**** 06/11/2001**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 11	TOTAL CLAIMS 7	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

21171

TITLE

A MEDICAL SYSTEM WITH A MANAGEMENT SOFTWARE, DATABASE, AND A NETWORK INTERFACE TO PROTECT PATIENT INFORMATION FROM UNAUTHORIZED PERSONNEL

FILING FEE RECEIVED 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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